



TOWN CLERK, DIANE WILHELM

200 Howell Avenue
Riverhead, NY 11901
631-727-3200 Ext. 260

SPECIAL EVENTS INSTRUCTIONS SHEET – LONG FORM

Information and material that must be submitted with the completed application pursuant to:
Town Code Chapter 90 Shows & Exhibitions

1. Application **MUST** be submitted: 120 calendar days in advance of the event (for events with less than 5,000 people) and 180 calendar days in advance of the event (for events with than 5,000 people or more). Notarization required where applicable.
2. Letter of non-for-profit for waive of fee. If applicable, appropriate filing fee.
3. Comprehensive liability insurance policy naming Town of Riverhead as additional insured in the amount set by Town Attorney.
4. Plans or drawings showing event location/layout.
5. No blanks – if not applicable indicate N/A.

OTHER PERMITS REQUIRED

Beverage and/or food service connected with event, a separate application (**Suffolk County Dept. of Health Vendors Temporary Food Service Permit**) is to be filed with Suffolk County Department of Health Services at the Riverhead County Center, 631-852-2067.

Suffolk County Department of Labor – petting zoos, overnight sleeping at site

Department of Labor - (carnivals; tents; outdoor sales; bleachers, etc.) (516-228-3929)

Suffolk County **Public Gathering** /Emergency Medical Services – Mass gathering for events with expectancy attendance of 5,000 or more (631-853-5800)

New York State Liquor Authority for temporary beer/wine license

§ 90-3. Licensing.

A. Written permit required.

- (1) Special event short form application, small gathering. Where 100 to 1,000 spectators are expected at any one time during the duration of the event and the event duration is 12 hours or less per calendar day, no person shall use, allow, let or permit property to be used for a special event unless a special event permit has been issued by the Town Board of the Town of Riverhead.
- (2) Special event long form, large gathering. Where more than 1,000 spectators are expected at any one time during the duration of the event or the event duration is more than 12 hours per calendar day, no person shall use, allow, let or permit property to be used for a special event unless a special event permit has been issued by the Town Board of the Town of Riverhead.

B. Required filing date. Application for such permit shall be on the form provided by the Town Clerk, addressed to the Town Board and filed with the office of the Town Clerk in accordance with the below filing dates based on the type of special event. The Town Board, in its discretion, may provide for an expedited review for a special events permit under this chapter.

- (1) Special event short form applications shall be filed at least 40 calendar days prior to commencement dates of special events.
- (2) For an event where more than 1,000 spectators but less than 5,000 spectators are expected at any one time during the duration of the event, a special event long form application shall be filed at least 120 days prior to the commencement date of the special event.
- (3) For an event where more than 5,000 spectators are expected at any one time during the duration of the event, a special event long form application shall be filed at least 180 days prior to commencement date of the special event.



TOWN OF RIVERHEAD
Fire Protection Division
200 Howell Avenue, Riverhead, NY 11901
(631) 727-3200 Fax (631) 727-3370



Scott Davonski
Chief Fire Marshal
Ext. 209

David J. Andruszkiewicz
Fire Marshal I
Ext. 208

Craig Zitek
Fire Marshal I
Ext. 277

Certificate of Insurance – Guidelines:

The certificates shall provide evidence of 1) Comprehensive General Liability limits of not less than \$1,000,000, 2) Worker's Compensation with statutory limits, and 3) Auto Liability limits of \$1,000,000, (if use of vehicles is applicable).

The certificates shall provide evidence of Liquor Liability with limits of not less than \$1,000,000 per occurrence and \$2,000,000 general aggregate (if the sale/consumption of alcohol shall take place at the event).

The carriers providing coverage must be approved by the Town.

Certificates should indicate the Town of Riverhead, is added as an additional insured with regard to tent sales or special events and shall include the date(s) of the scheduled event.

For any questions, contact the Town Attorney at (631)727-3200 ext. 215.



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CHAPTER 90-3A-2 APPLICATION

SPECIAL EVENTS– LARGE GATHERING – (Part A)

Pursuant to Chapter 90 ~ Code of the Town of Riverhead

Date of Application: _____

1. Applicant: _____

Mailing Address: _____

Telephone No. : _____ Fax No: _____

2. State individual, partnership, corporation, or not-for-profit: _____
If not-for-profit, attach IRS letter or ID number.

3. If partnership, names of all persons having an interest in the partnership: _____

4. If corporation, names & addresses of officers and directors, attach additional page if necessary: _____

5. If corporation, names of each stockholder together with the number of shares of capital stock held by each: _____

6. Special event information
Proposed location of event (street address and town): _____

Property owner (name, mailing address and phone #): _____

If applicant is not property owner, attach a copy of lease agreement or notarized letter of authorization for the event from the legal property owner

Date(s) of event: _____ Rain date(s): _____

Hours of operation: _____

Fully describe type of special event: (attach a site diagram) _____

Expected total daily attendance: _____ Maximum at any one time: _____

Explain method used to determine the expected attendance: _____

Maximum number of visitor vehicles expected to be parked at event: _____

Other activities planned during event: (check all that apply) food concession ☐ fireworks ☐

crafts/sales ☐ carnival rides ☐ live entertainment ☐ animal rides/petting zoo ☐

alcoholic beverages ☐

7. Name and address of liability insurance company: _____

8. Permit Application Fee: \$ _____

9. Attach vendor list for food and/or merchandise vendors. (may be provided 2 weeks prior to event date)

10. Name of Security Company if applicable: _____

Applicant Signature

Town Attorney: _____
 Chief of Police: _____
 Fire Marshal: _____



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CHAPTER 90-3A-2 APPLICATION

SPECIAL EVENTS– LARGE GATHERING – (Part B)

**SUBMIT PLANS, DRAWINGS & COMPLETE THE FOLLOWING APPLICATION:

** attach additional page if necessary

Size of property: _____

Zoning District: _____

Abutting Streets: _____

Existing and Proposed Buildings: _____

Signs or structures (including stages or tents): _____

Access roads: _____

Areas if assembly for spectators, vendors, exhibitions, employees, organizers: _____

Exits: _____

Fire extinguishers, fire safety equipment: _____

Location of fire lanes: _____

Location of water supply for fire control: _____

Location of temporary utilities: _____

Location of supply, storage, distribution of water: _____

Parking layout, including automobiles, trailers, other vehicles and ingress and egress from parking areas: _____

Lighting (including type & location): _____

Loudspeakers, horns, music, other audio equipment: _____

Name & Address of security service & proposed duties: _____

Emergency medical facilities: _____

Temporary housing facilities: _____

Name & address of caterers, food, beverage supplies: _____

Method to dispose of garbage and sanitary waste: _____

Method to dispose of animal waste, if animals included: _____

If applicant is a corporation, names and addresses of directors and officers: _____

SUBMIT DOCUMENTATION (as applicable)

1. Copies of any covenant, easements or other restrictions on the property.
2. Original owner's endorsement, if applicable, disclosure affidavit.
3. Authorization for Town personnel to enter property.

DISCLOSURE AFFDAVIT

STATE OF NEW YORK)
COUNTY OF SUFFOLK) ss

_____, being by me duly sworn, deposes and says:

1. I am an applicant for a project or an owner of the land, which is the subject of a pending application, or before the Riverhead Town Board for the following:
2. The project name (event) or request relief is:
3. I reside at:
4. The officers of the applicant corporation are as follows: (if applicable)

Pres. _____ Sec. _____

Vice Pres. _____ Tres. _____

- 5, I make this affidavit under penalty and swear to the truth herein. I am aware that this affidavit is required by General Municipal Law Section 809 and that I shall be guilty of a misdemeanor if should I knowingly or intentionally fail to make all disclosures herein.

6. Do any of the following individuals have an interest in the applicant or owner (as defined on page 2, note A.)?

1. Any officials of New York ☐ Yes ☐ No

2. Any official or employees of Riverhead Town or Suffolk County ☐ Yes ☐ No

If the answer to question 6 is yes, General Municipal Law Section 809 requires that you disclose the name and residence and the nature and event of the interest of said individual(s) in the applicant or owner.

Name:

Nature of Interest:

7. During the 12 months before the following of this application, have any of the following individuals made campaign contributions exceeding \$100 in total, in cash or in-kind to members of the Town Board or political committees designated to accept donations on their behalf.

- | | | |
|---------------------------------|------------------------------|-----------------------------|
| 1. Owner | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 2. Applicant | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 3. Agent for owner or applicant | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 4. Attorney | <input type="checkbox"/> Yes | <input type="checkbox"/> No |
| 5. Other | <input type="checkbox"/> Yes | <input type="checkbox"/> No |

If the answer to Question 7 is yes, Town Code Chapter 90 require that the information be provided below:

Name: Title: Owner, Agent, Attorney, other: Amount:

Signature

Sworn to before me this _____ day of _____ 201__

Notary Public _____

- A. For the purpose of this disclosure, an official of the State of New York or an official or employee of either the Town of Riverhead or the County of Suffolk shall be deemed to have an interest in the applicant and/or owner when that official or employee, their spouse, brothers, sisters, parents, children, grandchildren or the spouse of any of them
- a. Is the applicant the owner,
 - b. Is an officer, director, partner or employee of the applicant or owner;
 - c. Legally or beneficially owns or controls stock of a corporate applicant or owner, or is a member of a partnership or association applicant or owner; or
 - d. Is a party to an agreement with the applicant or owner, express or implied, whereby said official or employee may receive any payment or other benefit, whether or not for services rendered, dependent or contingent upon the favorable approval of such stock is listed on the New York or American Stock Exchange shall not constitute an interested for the purpose of this disclosure.
-

STATE OF NEW YORK)

) SS

COUNTY OF SUFFOLK)

_____, being by me duly

sworn, deposes and says: I reside at _____

in the County of _____ State of _____

and I am the (owner if fee), (officer of the corporation which is the owner in fee) of the premises

described in the foregoing application and that I have authorized _____

_____ to make the foregoing application for a special events permit.

Signature _____

Signature _____

Name of Corporation

Sworn to before me this _____ day of _____ 201_____

Notary Public _____

INSPECTION AUTHORIZATION
(TO BE SIGNED BY PROPERTY OWNER)

_____ owner of property
located at _____ authorized Town
employees and officials to enter my property to make inspections necessary in connection with this
application for a special events permit.

Signature

Sworn to before me this
_____ day of _____ 201____

Notary Public _____

Chapter 90 Application – Long Form

Site & Event Plan Checklist

- | | | | | |
|-------|---|--------------------------|-----|---------------------------------------|
| 1. | Event Description and summary | <input type="checkbox"/> | Yes | <input type="checkbox"/> No (explain) |
| 2. | Sanitary waste and sewage disposal plan | <input type="checkbox"/> | Yes | <input type="checkbox"/> No |
| 3. | Supply, storage and distribution of drinking water plan | <input type="checkbox"/> | Yes | <input type="checkbox"/> No |
| 4. | Parking and traffic plan | <input type="checkbox"/> | Yes | <input type="checkbox"/> No |
| 5. | Signage plan | <input type="checkbox"/> | Yes | <input type="checkbox"/> No |
| 6. | Trash, garbage rubbish or refuse removal plan | <input type="checkbox"/> | Yes | <input type="checkbox"/> No |
| 7. | List showing name, address and phone of all food vendors and location made for same | <input type="checkbox"/> | Yes | <input type="checkbox"/> No |
| 8. | List of all music, loud speakers, audio equipment and location on site plan | <input type="checkbox"/> | Yes | <input type="checkbox"/> No |
| 9. | A security plan. (approval by Police Chief required) | <input type="checkbox"/> | Yes | <input type="checkbox"/> No |
| 10. | A fire protection plan (approval by Fire Marshall required) | <input type="checkbox"/> | Yes | <input type="checkbox"/> No |
| 11. | A communication plan (approval of Police Chief and Fire Marshal required) | <input type="checkbox"/> | Yes | <input type="checkbox"/> No |
| 12. | An EMS/Ambulance treatment/transportation plan | <input type="checkbox"/> | Yes | <input type="checkbox"/> No |
| 13.a. | A description of all tents and temporary structures and location of site plan. (flammability certificate and compliance with NFPA 101, NFPA 102 & NYS Fire Code required) | <input type="checkbox"/> | Yes | <input type="checkbox"/> No |
| b. | Engineer's certification, signed and sealed for tents in excess of 1,500 sq. ft. | <input type="checkbox"/> | Yes | <input type="checkbox"/> No |
| 14. | A handicapped accessibility plan-including parking and bathroom facilities | <input type="checkbox"/> | Yes | <input type="checkbox"/> No |
| 15. | Site restoration plan. | <input type="checkbox"/> | Yes | <input type="checkbox"/> No |

Other permits required:

Suffolk County Health Department – Food Vendors

Suffolk County Health Department – Waste and Sanitary

Suffolk County Health Department – Emergency Medical Services

New York State Department of Labor

New York State Liquor Authority

Appendix C**State Environmental Quality Review****SHORT ENVIRONMENTAL ASSESSMENT FORM****For UNLISTED ACTIONS Only****PART I - PROJECT INFORMATION (To be completed by Applicant or Project Sponsor)**

1. APPLICANT/SPONSOR	2. PROJECT NAME
3. PROJECT LOCATION: <div style="display: flex; justify-content: space-between; margin-top: 10px;"> Municipality _____ County _____ </div>	
4. PRECISE LOCATION (Street address and road intersections, prominent landmarks, etc., or provide map) <div style="height: 60px; border: 1px solid black; margin-top: 5px;"></div>	
5. PROPOSED ACTION IS: <div style="display: flex; justify-content: space-around; margin-top: 5px;"> <input type="checkbox"/> New <input type="checkbox"/> Expansion <input type="checkbox"/> Modification/alteration </div>	
6. DESCRIBE PROJECT BRIEFLY: <div style="height: 60px; border: 1px solid black; margin-top: 5px;"></div>	
7. AMOUNT OF LAND AFFECTED: Initially _____ acres Ultimately _____ acres	
8. WILL PROPOSED ACTION COMPLY WITH EXISTING ZONING OR OTHER EXISTING LAND USE RESTRICTIONS? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No If No, describe briefly _____ </div>	
9. WHAT IS PRESENT LAND USE IN VICINITY OF PROJECT? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Residential <input type="checkbox"/> Industrial <input type="checkbox"/> Commercial <input type="checkbox"/> Agriculture <input type="checkbox"/> Park/Forest/Open Space <input type="checkbox"/> Other </div> Describe: _____	
10. DOES ACTION INVOLVE A PERMIT APPROVAL, OR FUNDING, NOW OR ULTIMATELY FROM ANY OTHER GOVERNMENTAL AGENCY (FEDERAL, STATE OR LOCAL)? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals: _____ </div>	
11. DOES ANY ASPECT OF THE ACTION HAVE A CURRENTLY VALID PERMIT OR APPROVAL? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, list agency(s) name and permit/approvals: _____ </div>	
12. AS A RESULT OF PROPOSED ACTION WILL EXISTING PERMIT/APPROVAL REQUIRE MODIFICATION? <div style="display: flex; justify-content: space-between; margin-top: 5px;"> <input type="checkbox"/> Yes <input type="checkbox"/> No </div>	
I CERTIFY THAT THE INFORMATION PROVIDED ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Applicant/sponsor name: _____ Date: _____ </div> <div style="display: flex; justify-content: space-between; margin-top: 5px;"> Signature: _____ </div>	

If the action is in the Coastal Area, and you are a state agency, complete the Coastal Assessment Form before proceeding with this assessment

PART II - IMPACT ASSESSMENT (To be completed by Lead Agency)

A. DOES ACTION EXCEED ANY TYPE I THRESHOLD IN 6 NYCRR, PART 617.4? <input type="checkbox"/> Yes <input type="checkbox"/> No	If yes, coordinate the review process and use the FULL EAF.
B. WILL ACTION RECEIVE COORDINATED REVIEW AS PROVIDED FOR UNLISTED ACTIONS IN 6 NYCRR, PART 617.6? If No, a negative declaration may be superseded by another involved agency. <input type="checkbox"/> Yes <input type="checkbox"/> No	
C. COULD ACTION RESULT IN ANY ADVERSE EFFECTS ASSOCIATED WITH THE FOLLOWING: (Answers may be handwritten, if legible) C1. Existing air quality, surface or groundwater quality or quantity, noise levels, existing traffic pattern, solid waste production or disposal, potential for erosion, drainage or flooding problems? Explain briefly: C2. Aesthetic, agricultural, archaeological, historic, or other natural or cultural resources; or community or neighborhood character? Explain briefly: C3. Vegetation or fauna, fish, shellfish or wildlife species, significant habitats, or threatened or endangered species? Explain briefly: C4. A community's existing plans or goals as officially adopted, or a change in use or intensity of use of land or other natural resources? Explain briefly: C5. Growth, subsequent development, or related activities likely to be induced by the proposed action? Explain briefly: C6. Long term, short term, cumulative, or other effects not identified in C1-C5? Explain briefly: C7. Other impacts (including changes in use of either quantity or type of energy)? Explain briefly:	
D. WILL THE PROJECT HAVE AN IMPACT ON THE ENVIRONMENTAL CHARACTERISTICS THAT CAUSED THE ESTABLISHMENT OF A CRITICAL ENVIRONMENTAL AREA (CEA)? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	
E. IS THERE, OR IS THERE LIKELY TO BE, CONTROVERSY RELATED TO POTENTIAL ADVERSE ENVIRONMENTAL IMPACTS? <input type="checkbox"/> Yes <input type="checkbox"/> No If Yes, explain briefly:	

PART III - DETERMINATION OF SIGNIFICANCE (To be completed by Agency)

INSTRUCTIONS: For each adverse effect identified above, determine whether it is substantial, large, important or otherwise significant. Each effect should be assessed in connection with its (a) setting (i.e. urban or rural); (b) probability of occurring; (c) duration; (d) irreversibility; (e) geographic scope; and (f) magnitude. If necessary, add attachments or reference supporting materials. Ensure that explanations contain sufficient detail to show that all relevant adverse impacts have been identified and adequately addressed. If question D of Part II was checked yes, the determination of significance must evaluate the potential impact of the proposed action on the environmental characteristics of the CEA.

<input type="checkbox"/> Check this box if you have identified one or more potentially large or significant adverse impacts which MAY occur. Then proceed directly to the FULL EAF and/or prepare a positive declaration.	
<input type="checkbox"/> Check this box if you have determined, based on the information and analysis above and any supporting documentation, that the proposed action WILL NOT result in any significant adverse environmental impacts AND provide, on attachments as necessary, the reasons supporting this determination.	
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="text-align: center;">Name of Lead Agency</div>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="text-align: center;">Date</div>
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="text-align: center;">Print or Type Name of Responsible Officer in Lead Agency</div>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="text-align: center;">Title of Responsible Officer</div>
<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="text-align: center;">Signature of Responsible Officer in Lead Agency</div>	<hr style="border: 0; border-top: 1px solid black; margin-bottom: 5px;"/> <div style="text-align: center;">Signature of Preparer (If different from responsible officer)</div>